

SENATE BILL 3861

By Burchett

AN ACT to amend Tennessee Code Annotated, Title 49,
relative to influenza vaccinations.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 49, Chapter 6, Part 50, is amended by adding the following language as a new, appropriately designated section:

§ 49-6-5006.

(a) The commissioner of education, in consultation with the secretary of health for the U.S. department of health and human services (HHS) shall carry out a demonstration program designed to test the feasibility and desirability of using the state of Tennessee's elementary and secondary schools as vaccination centers, in coordination with school nurses, school healthcare programs, and local health departments, for seasonal and pandemic influenza to lead to an improved interpandemic influenza vaccine delivery infrastructure that will reduce the rates of seasonal influenza, pandemic influenza and other pandemic diseases and reduce school absenteeism rates, particularly among low income children.

(b) The program shall consist of a school-based vaccination program designed to assess the educational impact of seasonal influenza vaccinations and the suitability of the state of Tennessee's elementary and secondary schools for incorporation into federal and state pandemic response plans as vaccine administration centers. A central component of the demonstration shall be to establish the value of school-based influenza vaccinations in reducing illness-based school absenteeism, particularly among low income children. The vaccination demonstration program shall include:

(1) Evaluation of available school facilities for accessibility to the populace, ability to support communications infrastructure, and medical surge capacity;

(2) Administration of influenza vaccines selected by the secretary of health for HHS using the criteria in subsection (c).

(3) Administration of influenza vaccines to students in elementary and secondary school locations chosen by the commissioner of education pursuant to subsection (d);

(4) Assessment of the school and community infection rate following vaccination of school age children in the school-based vaccination demonstration;

(5) Assessment of the number of education days gained by elementary and secondary students as a result of seasonal vaccinations based on absenteeism rates. The assessment shall include an assessment of the absenteeism rate of low income students in those school districts in which the demonstration is being conducted as compared to school districts with a predominately low income student population in which influenza vaccines are not administered;

(6) Assessment of the ability of school communications infrastructure to support timely dissemination of information to hospitals and state, regional and federal public health officials, and to accommodate telephone hotlines, expanded internet capability and emergency text messaging to advise persons concerning time sensitive pandemic health issues;

(7) Assessment of the ability of schools to provide segregated treatment areas for vaccinations, triage, infection control and waiting rooms during pandemics;

(8) Assessment of the feasibility and desirability of establishing a multi-state, school-based vaccination programs that can be routinely tested during interpandemic periods and activated during pandemics; and

(9) Evaluation of existing medical and ancillary training and education protocols for the public health department's health care personnel who would participate in school-based vaccine administration and pandemic response plan execution at school facilities.

(c)

(1) The secretary of health for HHS shall select the vaccine to be administered during the demonstration based on its appropriateness for the age of those being vaccinated and its ease of administration considering:

(A) Comfort of those receiving the inoculation, including school age children;

(B) Use of fewest related medical supplies;

(C) Speed of administration by health professionals; and

(D) Least potential of adverse events.

(2) Each student participating in the voluntary demonstration program shall be provided notice of the vaccination program and parental consent.

Children with contraindications shall not be vaccinated. Students may be exempt from the program for religious reasons.

(d) The commissioner of education, in consultation with the secretary of health for HHS, shall carry out the demonstration program at elementary and secondary

schools in at least three (3) school districts as determined by the commissioner of education and serving primarily low income public student populations of at least five hundred thousand (500,000). The program shall also be conducted in at least three (3) areas served by rural school districts, as determined by the commissioner of education, in consultation with the secretary for HHS and the national rural educational association.

(e) The demonstration program shall be conducted for two (2) calendar years beginning six (6) months from the effective date of this act or on January 1 of the year following the enactment of this act, whichever is later. If the commissioner of education determines that the program has been successful or that there has not been sufficient time for the gathering of enough valid data, the demonstration program may be extended or expanded.

(f) For the purposes of this section, "low income" means twice the income level of the HHS poverty guideline per person in a family unit.

(g) Not later than ninety (90) days following the completion of the demonstration program, the commissioner of education, in coordination with the secretary of health for HHS, shall submit a report to the appropriate committees of the general assembly on the results of the program. The report shall include:

(1) An assessment of the value of administering seasonal flu vaccinations to elementary and secondary school aged children, particularly low income children, by determining the number of educational days added as a result of vaccination based on student absenteeism records;

(2) An analysis of the influenza vaccination rates of school aged children in localities where the demonstration program is implemented, compared to the average influenza vaccination rates for school aged children;

(3) An assessment of the value of employing elementary and secondary schools as a part of a multi-state, community-based pandemic response program that is consistent with existing federal and state pandemic response plans; and

(4) A recommendation whether the demonstration program should be continued, expanded or terminated.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.